

EXHIBIT E

Account Agreement

Date: 06/28/2011

Institution Name & Address

PATRIOT NATIONAL BANK
GREENWICH OFFICE
100 MASON ST
GREENWICH, CT 06830

IMPORTANT ACCOUNT OPENING INFORMATION: Federal law requires us to obtain sufficient information to verify your identity. You may be asked several questions and to provide one or more forms of identification to fulfill this requirement. In some instances we may use outside sources to confirm the information. The information you provide is protected by our privacy policy and federal law.

Enter **Non-Individual Owner Information** on page 2. There is additional **Owner/Signer Information** space on page 2.

Owner/Signer Information 1

Name	DAVOUD GHATANFARD
Relationship	Joint Ownership
Address	9 N CANTERBURY RD HARRISON, NY 10528
Mailing Address (if different)	
Home Phone	REDACTED
Work Phone	
Mobile Phone	
E-Mail	NONE
Birth Date	12/12/1950
SSN/TIN	REDACTED 9034
Gov't Issued Photo ID (Type, Number, State, Issue Date, Exp. Date)	Driver's License REDACTED 800 NY 11/09/2009 12/12/2017
Other ID (Description, Details)	

Owner/Signer Information 2

Name	ROSEY KALAYJIAN
Relationship	Joint Ownership
Address	9 N CANTERBURY RD HARRISON, NY 10528
Mailing Address (if different)	
Home Phone	REDACTED
Work Phone	
Mobile Phone	
E-Mail	none
Birth Date	10/07/1971
SSN/TIN	REDACTED 3662
Gov't Issued Photo ID (Type, Number, State, Issue Date, Exp. Date)	Driver's License REDACTED 031 NY 09/24/2009 10/07/2017
Other ID (Description, Details)	
Employer	
Previous Financial Inst.	

Internal Use

DAVOUD GHATANFARD
ROSEY KALAYJIAN
9 N CANTERBURY RD
HARRISON, NY 10528
REDACTED 6761

Ownership of Account

The specified ownership will remain the same for all accounts.

- | | |
|-------------------------------------------------------------------------------------------|----------------------------------------------------|
| <input type="checkbox"/> Individual | <input type="checkbox"/> Corporation - For Profit |
| <input checked="" type="checkbox"/> Joint with Survivorship
(not as tenants in common) | <input type="checkbox"/> Corporation - Nonprofit |
| <input type="checkbox"/> Joint with No Survivorship
(as tenants in common) | <input type="checkbox"/> Partnership |
| <input type="checkbox"/> Trust-Separate Agreement Dated: _____ | <input type="checkbox"/> Sole Proprietorship |
| <input type="checkbox"/> | <input type="checkbox"/> Limited Liability Company |

Beneficiary Designation

(Check appropriate ownership above.)

- Revocable Trust

Beneficiary Name(s), Address(es), and SSN(s)

(Check appropriate beneficiary designation above.)

- If checked, this is a temporary account agreement.

Number of signatures required for withdrawal: 1 _____

Signature(s)

The undersigned authorize the financial institution to investigate credit and employment history and obtain reports from consumer reporting agency(ies) on them as individuals. Except as otherwise provided by law or other documents, each of the undersigned is authorized to make withdrawals from the account(s), provided the required number of signatures indicated above is satisfied. The undersigned personally and as, or on behalf of, the account owner(s) agree to the terms of, and acknowledge receipt of copy(ies) of, this document and the following:

- | | |
|----------------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> Terms and Conditions | <input type="checkbox"/> Privacy |
| <input type="checkbox"/> Electronic Fund Transfers | <input type="checkbox"/> Truth in Savings |
| <input type="checkbox"/> Substitute Checks | <input type="checkbox"/> Funds Availability |
| <input type="checkbox"/> Common Features | <input type="checkbox"/> |

Authorized Signer (See Owner/Signer Information for Authorized Signer designation(s).)

1 [X] DAVOUD GHATANFARD Joint Ownership

2 [X] ROSEY KALAYJIAN Joint Ownership

3 [X] *Rosey Kalayjian* 4 [X]